Child's Name _____

School _____

Before & After the Bell Agreement

55 PA CODE CHAPTERS 3270.123 & 181 (c); 3280.123 & 181 (C); 3290.123 & 181 (c)

CHECK ONE	Enrollment Options	Member Monthly Rate	Non-Member Monthly Rate
☐	**Full-Time Before AND After Care** Up to 5 days per week (includes days off, delays and early dismissals)	$465	$595
☐	**Before Care Only** Up to 5 days per week (includes 2-hour delays)	$345	$450
☐	**After Care Only** Up to 5 days per week (includes early dismissals)	$360	$455

Payment Agreement

CHOOSE ONE: ___ **Full Monthly BAAB Rate** **$**_____

___ **ELRC Weekly Copay** **$**_____

___ **YMCA Monthly Scholarship Rate** **$**_____

Services provided as part of fee:
Care, Daily activities, Transportation

[ ] Weekly payments are due the Friday before the week of care. Monthly payments are due the 25th of the month prior to care. An account will be considered delinquent when it becomes 2 weeks past due. Failure to make your account current will result in suspension of service. A 30-day written notice is required for withdrawal from the program. No refunds.

[ ] I, the parent/guardian received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

[ ] I, the parent/guardian agree to update the emergency contact / parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

[ ] **I wish to enroll in auto-draft on a [weekly / bi-weekly / monthly / _____ (other)] basis using card on file ending in *_____.**

_____ _____ _____

Signature Parent/Guardian **Date** **Parent / Guardian DOB**

_____

Signature Operator

YMCA Financial Assistance is based on total household income. Families unable to qualify for tuition subsidy through ELRC (County assistance) may apply for YMCA Financial Assistance. Once the family has received a ELRC denial or waitlist letter, the letter, along with the household's most recent tax return and a YMCA Scholarship application may be submitted for consideration. Scholarship applications that are not complete will not be reviewed.

Date of Child's Admission_____ Date of Child's Withdrawal _____

OFFICE USE ONLY:

Entered By: _____ Date: ____ /____ /____

Parent Acknowledgement

- ☐ I understand that my child will not be allowed to attend the program if payment has not been received by the YMCA prior to my child attending care.
- ☐ I agree to update the emergency contact/parent consent form, child health form and fee agreement form whenever changes occur or every six months. {PA Code: 3270.124, 3280.124, 3290.124}
- ☐ I have received and read the complete written program information in the Before & After the Bell Family Handbook including the statement regarding child care licensing requirements, the Discipline Policy, the Policy on the Release of Children, the Policy on the Management of Communicable Diseases and the Parent Statement of Understanding at time of enrollment, and agree to follow the procedures listed with-in.
  {PA Code: 3270.121, 3280.121, 3290.121} _____ **Initial**
- ☐ I understand that I am not to leave my child(ren) at the Y program site unless a Y staff person is there to receive and supervise my child.
- ☐ I understand that my child will not be allowed to leave the program with any unauthorized person. Any person authorized to pick up my child other than a parent or guardian, including older siblings or other relatives, must be listed with the Y and must be over the age of 18.
- ☐ I understand that if a person arrives to pick up my child and appears to be under the influence of drugs or alcohol, for the safety of my child, staff may have no recourse but to contact the police to arrange alternate supervision. Please do not put staff in a position where they have to make this decision.
- ☐ I understand that the YMCA is mandated by the state to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- ☐ I understand that the Y staff are not allowed to babysit or transport my child at any time outside the Y program. Immediate disciplinary action will be taken toward the staff person if a violation is discovered.
- ☐ I understand children should not receive excessive gifts from Y staff or volunteers, and I should report this to a supervisor if they do.
- ☐ I understand in the case of an emergency, my child may be taken to the hospital and treated by emergency room physicians.
- ☐ As the guardian of the above-named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs. _____ **[Initial]**

_____ _____

Signature Parent/Guardian **Date**

CODE OF CONDUCT

The Berwick Area YMCA is committed to providing a positive atmosphere that is safe and inclusive to all in our community. The Berwick Area YMCA follows a code of conduct to govern the actions and behavior of all people while in our facilities and while participating in Y programs.

ALL PEOPLE WILL:

- Adhere to safety procedures
- Follow the instructions of staff in a respectful manner
- Respect the property of the YMCA, and each other's belongings
- Use appropriate language
- Stay within designated BAAB areas supervised by BAAB staff

ALL PEOPLE WILL NOT:

- Bully others (see description below)
- Use acts of physical aggression or violence towards each other (including hitting, kicking, biting, throwing objects)
- Use inappropriate or foul language towards each other or on their own
- Be disruptive to the point of putting others safety at risk
- Intentionally break or destroy objects
- Steal, conceal, or hide objects

WHEN THE RULES ARE FOLLOWED:

The BAAB program can run smoother when all people follow the code of conduct for the BAAB program. Adhering to safety rules, listening to instructions, using appropriate language, and acting responsibly will make everyone's day run smoother and parents and caregivers will have an easier transition picking up their students at the end of the day.

WHEN THE RULES ARE NOT FOLLOWED:

People who do not follow the rules laid out in the code of conduct are at risk of being dismissed from the BAAB program. The Berwick Area YMCA has a zero tolerance policy for violence, foul language, bullying, and other acts of aggression and disrespect.

CONSEQUENCES FOR BEHAVIOR

PHYSICAL AGGRESSION:

First Offence: Parent will be notified, incident report created

Second Offence: Child will be sent home and unable to come the next day, incident report

Third Offence: Dismissal from the program, incident report

INAPPROPRIATE LANGUAGE:

First Offence: Verbal warning, parent notified

Second Offence: Child will be sent home and unable to come the next day

Third Offence: Dismissal from the program

BULLYING

First Offence: In-classroom consequence (i.e. writing a letter to make amends, doing a good deed for the other, etc.), incident report

Second Offence: Parents will pick up the child from the program. Discuss with parent incident report

Third Offence: Dismissal from the program, incident report

WHAT IS BULLYING

Bullying is unwanted, aggressive behavior that is meant to harm others, mentally and physically. The behavior is repeated over time. Both kids who are bullied, and who bully others, may have serious, lasting problems.

Bullying often includes:

- Teasing
- Talking about hurting someone
- Spreading rumors or telling lies
- Leaving kids out on purpose Insulting someone
- Attacking someone by hitting them or yelling at them

CODE OF CONDUCT ACKNOWLEDGEMENT PAGE

Child's Name: _____

I acknowledge that I have read and I understand the Berwick Area YMCA's code of conduct for the BAAB program. I understand the expectations, policies, and consequences outlined.

_____

Parent / Guardian Name

_____

Signature

_____

Date

CODE OF CONDUCT AGREEMENT

Child's Name: _____

I acknowledge that I have read and I understand the Berwick Area YMCA's code of conduct for the BAAB program. I understand the expectations, policies, and consequences outlined.

_____

Parent / Guardian Name

_____

Signature

_____

Date

the YMCA

IMPORTANT NOTICE

You are about to complete the Emergency Contact Form on the next page. This form is required for all participants and is an essential part of ensuring the safety and well-being of your child while in our care.

- It provides our staff with the necessary information to respond appropriately in case of an emergency.

- Please take a moment to carefully and thoroughly complete all fields on the form.

- All fields are mandatory. Incomplete forms will not be accepted and will need to be resubmitted in full.

Your cooperation is greatly appreciated and helps us maintain a safe, secure, and responsive environment for all children enrolled in the program.

Thank you for your prompt attention to this important matter.

Emergency Contact/Parental Consent Form

55 PA Code Chapters 3270.124 (a) (b); 3270.181 & 182; 3280.124 (a) (b); 3280.181 & 182; 3290.124 (a) (b); 3290.181 & 182

Child's Name _____

DOB: _____ Grade _____

Child's Name	Birthdate	Primary Language
Home Address	Email Address	
Legal Guardian - Primary	Home Phone	
Home Address	Cell Phone	
Business Name / Address	Business Phone	
Legal Guardian - Secondary	Home Phone	
Home Address	Cell Phone	
Business Name / Address	Business Phone	

Has there been a divorce or separation? ☐ Y ☐ N If yes, who has custody?

If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.

The joint / non-custodial parent should be contacted in the event of emergency. ☐ Y ☐ N

Emergency Contact Person 1		Phone number when child is in care	
Emergency Contact Person 2		Phone number when child is in care	
Person to whom child may be released:		Phone number when child is in care	
Street:	City:	State	Zip
Person to whom child may be released:		Phone number when child is in care	
Street:	City:	State	Zip
Name of Child's Physician/Medical Care Provider		Phone Number	
Street:	City:	State	Zip

Special Disabilities (if any)	**Allergies** (including medicine reaction)
Medical or Dietary Information Necessary in an Emergency Situation	**Medication/Special Conditions**
Additional Information on Special Needs of Child	
Health Insurance Coverage for Child or Medical Assistance Benefits	**Policy Number** (*Required*)

PARENT'S SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE

Obtaining Emergency Medical Care	Administration of Minor First Aid Procedures
Transportation by the Facility	Swimming
Wading	Walking Trips

_____

Signature of Legal Guardian **Date**

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME: Berwick Area YMCA		
FACILITY PHONE: 570-752-5981	COUNTY: Columbia	WORK PHONE:

† I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
† NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
† NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
† NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
† NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
† YES † NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

† YES † NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

Parents may write immunization dates; health professional should verify and complete all data.

MEDICAL CARE PROVIDER:		SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:		TITLE:
	PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Child's Name _____

Grade _____

PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Legal Guardian has also signed below.

For my participation in activities to be conducted by the Berwick Area YMCA, I hereby give my permission and consent, now and for all time, to YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;

Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA and collaborating third parties;

YMCA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and

YMCA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Signature: _____ Date: _____

Printed Name: _____ Age: _____

Address: _____

_____

For persons under 18 years old, please complete below:

I am the Legal Guardian of _____

(Child's name)

For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Legal Guardian: _____

Berwick Area YMCA
P 570-752-5981